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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with Initial Filing (Surcharge (37 CFR 1.16(e)) required)  As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  MEDICAL DEVICE WITH POSITION SENSOR HAVING ACCURACY AT HIGH TEMPERATURES (Title of the Invention)  The especification of which is attached hereto  OR  Was filed on June 15, 2001 as United States Application Number or PCT International Application Number  1 acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part applications, material information which became available between the filing date of the prior application or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign inclication or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.  Prior Foreign Filing Date Priority Certified Copy	THE TRUCKS TO COMME	Poduction Act of 1995, no normal	ne are remired t	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE red to respond to a collection of information unless it contains a valid OMB control number.				
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PATENT APPLICATION (37 CFR 1.63)  □ Declaration Submitted with Note Initial Filing   OR   Declaration Submitted after Initial Filing   OR   Declaration Submitted after Initial Filing   OR   OR   OR   OR   OR   OR   OR   O	POWER OF ATTORNEY			First Named	Inventor	Assa	f Govari	
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Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)    Group Art Unit	(37 (	CFR 1.63)	Application N	lumber	09/8	82,127		
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Application   Country   (MM/DD/YYYY)   Not Claimed   Attached?								
	Application	Country	(MM/C	DAYYY)	Not Claim	ed		
Number(s) YES NO	Number(s)						120	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



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DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the cluty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
		Patented Patented Patented						
I hereby appoint:		Diago Cont						
<b>5</b> 7 <b>5</b>	Place Customer							
Practitioners at Customer Number		Number Bar Code						
AND		Label Here						
Practitioner(s) named below: Name Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to Louis J. Capezzuto at telephone number (732) 524-2218.								
Customer Number  Direct all correspondence to:								
Name:								
Address:								
Address:								
City:	State:	ZIP						
Country	Telephone:	Fax:						

I her by declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	TOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Assaf		Family Name or Surname Govari					
Inventor; s			Date	4	09. 2001		
Residence: City Haifa	State	Cou	ountry Israel		Citizenship Israel		
Mailing Address Vitzo 1							
City Haifa	State	ZIP	3400		Country Israel		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:	ECOND INVENTOR: A petition has been filed for this unsigned inventor						
			Family Name or Surname				
Inventor's Signature			Date		-		
Residence: City	State	Cou	intry		Citizenship		
Mailing Address							
City	State	ŽIP	ŻIP		Country		
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NAME OF THIRD INVENTOR:	<b></b> Apo	etition has beer	filed for this	unsign	ed inventor		
Given Name (first and middle [if any])		Family Namor Surname	•				
Inventor's Signature			Date				
Residence: City	State	Cou	ıntry	<u>.</u>	Citizenship		
Mailing Address							
City	State	ZIP			Country		